

CONSENT FOR SPECIMEN COLLECTION SERVICES

My Personal Phlebotomist Mobile Lab LLC

Marshall County, Tennessee

Phone: 615-631-8781

Email: darcy@mypersonalphlebotomist.com

Patient Information

Patient Name: _____

Date of Birth: _____

Date of Service: _____

Consent for Collection

I voluntarily consent to specimen collection services (including venipuncture and/or other approved collection methods) performed by My Personal Phlebotomist Mobile Lab LLC.

I understand that:

- The service provided is specimen collection only.
 - My Personal Phlebotomist Mobile Lab LLC does not perform laboratory testing, diagnose conditions, or provide medical treatment.
 - Specimens will be sent to the laboratory designated by my ordering healthcare provider.
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Risks

I understand that minor risks may include:

- Bruising
- Mild discomfort
- Bleeding at the site
- Dizziness or fainting

I understand that serious complications are rare.

Authorization to Release Specimens

I authorize My Personal Phlebotomist Mobile Lab LLC to release collected specimens and related information to the laboratory designated by my ordering provider for testing and processing.

Financial Responsibility

I understand that My Personal Phlebotomist Mobile Lab LLC operates as a self-pay mobile specimen collection service. Payment is due at the time of service and must be received prior to specimen collection unless prior arrangements have been made.

Acknowledgment

I have had the opportunity to ask questions. My questions have been answered to my satisfaction. I voluntarily consent to the procedure.

Patient Signature: _____

Printed Name: _____

Date: _____

If signed by representative:

Representative Name: _____

Relationship to Patient: _____

Signature: _____

Date: _____